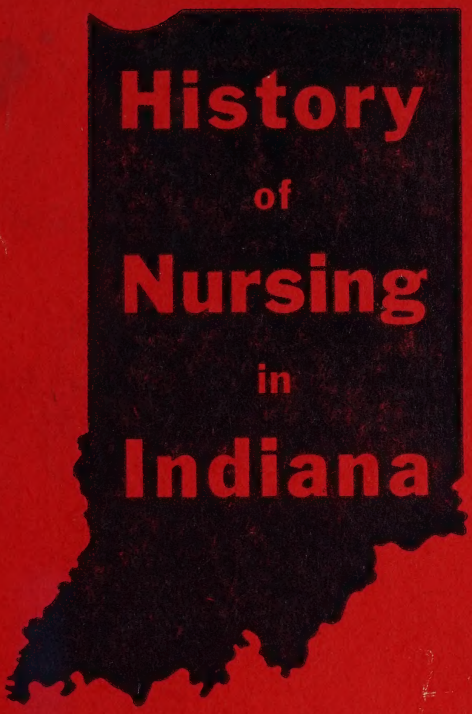
History of Nursing in Indiana



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September 24th 1951



MARGARET E. IDDINGS

Indiana's First Professionally Trained Nurse

GRADUATE CITY HOSPITAL 1885

HISTORY OF NURSING IN INDIANA



by

DOTALINE E. ALLEN

Assistant Professor of Nursing Education
Division of Nursing Education, School
of Education, Indiana University,
Bloomington, Indiana



WOLFE PUBLISHING COMPANY
INDIANAPOLIS, INDIANA
1950

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FOREWORD

The Indiana State Medical Association asked the author to write a history of nursing in Indiana as a part of the history of medicine in Indiana which was to be prepared for the centennial celebration of the Association in 1949.

The completed study was submitted in partial fulfillment of the requirements for the degree of Master of Science in Education with a major in Nursing Education, School of Education, Indiana University, Bloomington, Indiana, June, 1948.

The text of the thesis was published in *The Journal of the Indiana State Medical Association,* August, 1949, and in the history, *One Hundred Years of Indiana Medicine,* published by the Indiana State Medical Association, September, 1949.

The Indiana State Nurses' Association secured permission from the Indiana State Medical Association to publish the *History of Nursing in Indiana.* The Indiana State Nurses' Association is responsible for the publication of the entire study to which pictures have been added.

D. E. A.

ACKNOWLEDGMENT

The writer wishes to express her appreciation of the assistance given her by Dr. Nicholas Fattu, Assistant Professor, School of Education, members of the faculty of the Division of Nursing Education, the following directors of schools of nursing who returned the data sheet containing information concerning their respective school of nursing: Sister M. Celeste, St. John's Hickey Memorial School of Nursing, Anderson; Miss Thelma Brittingham, Protestant Deaconess School of Nursing, Evansville; Mrs. Madeline T. Kinney, Welborn Memorial Baptist School of Nursing, Evansville; Miss Pauline G. Bishoff, Lutheran Hospital School of Nursing, Fort Wayne; Mrs. F. Parks Heaton, Methodist Hospital School of Nursing, Fort Wayne; Miss Emily Stockford, Methodist Hospital School of Nursing, Gary; Sister M. Florianne, St. Margaret Hospital School of Nursing, Hammond; Sister M. Amadeo, St. Mary's College School of Nursing, Holy Cross; Miss Mary Peacock, Indiana University Training School for Nurses, Indianapolis; Miss Elizabeth C. Wivel, Indianapolis General Hospital, Indianapolis; Miss Louise Grant, Methodist Hospital School of Nursing, Indianapolis; Sister Delphine, St. Vincent's Hospital School of Nursing, Indianapolis; Sister M. Bernadette, Good Samaritan School of Nursing, Kokomo; Miss Lucille H. Johnson, Lafayette Home Hospital School of Nursing, Lafayette; Sister Mary Assumpta, St. Joseph Hospital School of Nursing, Mishawaka; Miss Margaret I. Boal, Ball Memorial School of Nursing, Muncie; Miss Adele Marcele, Reid Memorial Hospital School of Nursing, Richmond; Miss

Elsie Norman, Memorial Hospital School of Nursing, South Bend; Sister M. Cecilian, St. Joseph's School of Nursing, South Bend; Sister Mary Nora, St. Anthony Hospital School of Nursing, Terre Haute; Miss Emily Gifford, Union Hospital School of Nursing, Terre Haute; Miss Martha Erdman, Good Samaritan Hospital School of Nursing, Vincennes; Sister M. Alvera, St. Elizabeth Hospital School of Nursing, Lafayette, and Miss Annabelle Peterson, Dr. Thurman B. Rice, Miss Eva MacDougall, and others who gave helpful information.

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HISTORY OF NURSING

IN

INDIANA



Chapter I

INTRODUCTION

STATEMENT OF THE PROBLEM

The purpose of this study is to trace the development of nursing in Indiana. The study is comprehensive rather than exhaustive and attempts to give the various activities as they occurred in the major nursing fields and in the nursing organizations. It is not possible to include all such information in this brief study, but the more outstanding events will be given which according to the findings have had marked influence on the development of nursing in Indiana.

In addition to the treatment of the broad topics, such as nursing fields and organizations in nursing, some consideration will be given to the changing status of nursing in the past and present. The influence of new patterns in general education, of scientific developments, increased hospitalization, emphasis on community health and demands for specialization in nursing has affected its progress and cannot be overlooked in a review of nursing history.

SCOPE AND LIMITATIONS OF THE STUDY

The major headings considered in this history are: nursing service, which includes institutional nursing,

private practice nursing, and public health nursing; nursing education, including both basic and advanced professional programs; and nursing organizations. It is recognized that there are other areas of nursing in Indiana which are important, but this study is limited to those common major divisions.

DEFINITIONS OF IMPORTANT TERMS

In this study the term "nursing" is used both as a noun and as an adjective. As a noun, nursing refers to care given the sick by professional nurses or by family, by friends, or by others who may be employed to give the care. As an adjective, nursing is used to identify organizations, education, fields of specialization, and other similar areas which relate to the activities of the professional nurse, for example: nursing organizations, nursing education. The term "nurse worker" is used here to identify the person who gives care to the sick but is not professionally prepared. The term "school of nursing" refers to any organized program of instruction established to prepare persons to function as professional nurses in accordance with the standards of the period.

IMPORTANCE OF THE STUDY

A study of past activities is valuable in understanding the present and in planning for the future. Records

should be kept to preserve an account of activities and and developments, but they are of little value unless they are studied and the contents arranged in a pattern to show relationships, trends, and needs. Such an analysis is attempted in this historical study.

Records in the offices of the nursing organization contain some factual information about the growth and development of nursing in the state, and the Indiana State Nurses' Association has published a chronological list of important dates. Also, some schools of nursing have compiled information on the history of their school. These and other isolated recordings should be combined and additional information obtained in order to see in its entirety the development of nursing as it has taken place in Indiana. Such a study is long overdue, because early records, if kept at all, were often inadequate, and it is difficult to find persons who participated in the founding of early schools of nursing or recall the conditions that existed prior to their founding. As time elapses, the problem will become more difficult. It therefore seems important to prepare this study which, while not exhaustive in its scope, should stimulate interest in the compilation of such information, help in understanding the present nursing situation, and serve as a basis for future studies and future planning.

SOURCES OF INFORMATION

The data sheet.—A data sheet, sent to the directors of all 27 schools of nursing in Indiana, was one device used to collect data for this study. Twenty-three data sheets were returned.

A preliminary study of the development of early schools of nursing in the United States, as well as the review of the history of some of those schools, served as a basis for determining the kind of information that should be requested for this study. In addition to this, several interviews were held with persons associated with the hospitals before or during the early development of the schools of nursing to determine some of the problems encountered and to obtain some information on the type of nurse-worker used before nursing schools were established. This preliminary survey was helpful in selecting items which would be pertinent to some of the problems of the early period.

The data sheet was divided into three parts, namely: development of nursing school, development of nursing service, and other information.

Part I requested information about the early school, as compared with that concerning the 1947 school of nursing, together with the source of information for each item given concerning the early school. By requesting the source of each item related to the early school of nursing, some evidence of reliability was

obtained. It is recognized that errors may exist in the records of the institution, or that information supplied by individuals may be biased or inaccurate. In some cases a combination of sources tends to strengthen the reliability, and further checking with the records found in the office of the State Board of Examination and Registration of Nurses in some instances adds to the dependability of the facts obtained. Although some of the facts may be questionable, it seems that the sources used are perhaps the most reliable that can be secured. The term "early school" was used instead of "first class admitted" because records might not be available for the first class but might be available on classes a few years after the founding of the school. The major headings included admission requirements, the educational program, nursing functions of the students, number of instructors and their preparation, and personnel policies.

Part II requested information on the method of caring for patients before the nursing school was established, and on nursing functions of those responsible for the care at that time.

Part III of the data sheet called for different kinds of information, such as changes in the names of the hospital or school, sources of additional factual material, copies of the history of the hospital or school, if

available, and a request for a copy of the current school bulletin.

Other sources of information.—Not all aspects of the study were covered by the data sheet described. Sources which proved valuable in obtaining information on the other topics included reports, records, and minutes in the offices of the Indiana State Nurses' Association, the Indiana State Board of Examination and Registration of Nurses, and the Nursing Division of the Indiana State Board of Health. These records and reports were prepared and filed currently, so that the index of their reliability is increased. Comparison of these records from year to year is made difficult, however, by the fact that the same type of information has not been consistently required.

In considering the sources of information for this study, the contributions made by persons associated with the activities of the different periods cannot be overlooked. Letters received in answer to inquiries were particularly helpful. The interview and conference methods were used in securing information and in obtaining assistance in the evaluation of information received from other sources. Such publications as nursing journals, pamphlets, school histories, and bulletins were also used to obtain information.

METHOD

The historical procedure of research was used in preparing this study. The first step in the procedure was the recognition of the need for a history of nursing in Indiana. It was then necessary to determine how much, if any, previous investigation had been made on this subject. Letters of inquiry were sent to persons in the national nursing organizations and to some of those persons associated with nursing in Indiana. Historians at Indiana University were consulted, and the dissertations on file were checked. No evidence of a comprehensive published study on the history of nursing in Indiana was found. The problem was then stated.

The next step involved the collection of data, which has been explained. Data were then classified, sources noted for reliability, and areas of omission determined. Further investigations were made, and materials were arranged in final form.

First Nursing Class,
City Hospital, Indianapolis

Miss Margaret E. Iddings, First Row, Third from Left

Four of These Students Graduated October, 1885


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Chapter II

NURSING SERVICE IN INDIANA

HOSPITAL NURSING

One hundred years ago in Indiana, nursing as a profession was unknown. The sick were cared for in their homes by members of the family with the kindly assistance of neighbors and friends. Epidemics of cholera, dysentery, and diphtheria were frequent and severe.[1] The care and treatment given the sick was greatly influenced by the superstitions, fears, and traditions of the period. The germ theory, immunization, and hospitals were still in the future.

An attempt to establish a hospital in Indianapolis in 1858 was unsuccessful. Although a small building was completed, no requests for admission were received and therefore no plans were made to care for the sick.[2] The situation changed during the Civil War, when an emergency request to care for Indiana soldiers was received and many women volunteered to assist in caring for the sick and injured.[3] Governor Morton arranged

[1] Dunn, Jacob Piatt, *Indiana and Indianans,* The American Historical Society, Chicago, 1919, vol. 2, p. 804.

[2] Kemper, G. W. H., *A Medical History of the State of Indiana,* American Medical Association Press, Chicago, 1911, p. 71.

[3] Morrison, Olin D., "Indiana's Care of Her Soldiers in the Field, 1861-1865," *Indiana University Studies,* Indiana University, Bloomington, Indiana, 1926, vol. 12, no. 66-68, p. 277-302.

to have the wounded cared for in buildings or homes in three centers in Indiana—Evansville, Indianapolis, and New Albany. Some of the Sisters of Providence who were teaching in grammar schools and academies in Indiana left the schools to serve as nurses in the Military Hospital at Indianapolis.[4] However, immediately after the Civil War there again was little interest shown in maintaining a hospital in Indianapolis, and it was not until 1866 that the City Hospital was finally opened.[5]

Other hospitals followed, and in 1905 the Indiana State Legislature passed the Carmichael law, which enabled a County Council to appropriate money to build a hospital provided an association was formed which would purchase the ground and furnish and equip the hospital. The Good Samaritan Hospital of Vincennes was the first county hospital to be established in the state of Indiana. It was opened in 1908 and had a bed capacity of 25 patients.[6]

With the establishment of hospitals, the need for persons to care for the sick and operate the institutions naturally followed. The first school of nursing was

[4] Dunn, Jacob Piatt, *Indiana and Indianans,* The American Historical Society, Chicago, 1919, vol. 2, p. 912.
[5] The name was changed from Indianapolis City Hospital to Indianapolis General Hospital in 1947.
[6] Documents, Good Samaritan Hospital, Vincennes.

established in Indiana in 1883.[7] Before that time, and even later when the supply was still inadequate, it was necessary to obtain nurses or nurse workers from other sources. Several methods were used to meet the need. Some hospitals used workers with previous experience in the care of the sick, sometimes giving them special instruction after they were employed by the hospitals. Since professional schools of nursing were established in the East by 1873, some of the Indiana hospitals were able to obtain nurses prepared in these schools, and others imported nurses from abroad.

Indianapolis City Hospital, with a bed capacity of 50, used a man to care for the male patients and a woman to care for the female patients. St. Elizabeth Hospital in Lafayette, with a bed capacity of 19, was founded in 1876 by six sisters of the Poor Sisters of St. Francis Seraph of Perpetual Adoration, from Germany. The nursing care was given only by the sisters. St. Vincent's Hospital, Indianapolis, with a bed capacity of 25, was opened for the care of patients in 1881, and professional nurses from the East were used to give nursing care. St. Joseph Hospital, South Bend, with an average of five patients, when founded in 1882, used sisters to care for the sick. St. Anthony Hospital, Terre Haute, with a bed capacity of 18, founded in 1882, and St. Margaret's Hospital, Hammond, with a bed capacity

[7] Records, Indianapolis General Hospital, Indianapolis.

of 30, founded in 1898, obtained nurses from St. Elizabeth Hospital, Lafayette. Protestant Deaconess Hospital, Evansville, with a bed capacity of 19, was opened in 1892. Professional nurses from Christ's Hospital, Cincinnati, Ohio, and Drexel Home Hospital in Philadelphia were secured. Union Hospital, Terre Haute, with a bed capacity of 18, was opened in 1892, and used inexperienced workers at first. Four years later two Deaconess Sisters from Bethesda Hospital, Cincinnati, Ohio, were secured. Other workers, both with and without previous experience in the care of the sick, were also used. Memorial Hospital, South Bend, with a bed capacity of 12, was opened in 1893 and one nurse and some women of the community cared for the sick.[8]

A few specific accounts relating to the establishment of some of these hospitals may show some of the hardships and difficulties encountered. The following is a description of the founding of St. Vincent's Hospital.

"April 27, 1881, four Daughters of Charity without possessions or funds, arrived in Indianapolis to found a Catholic Hospital. They came at the invitation of the Bishop of Indianapolis, Most Reverend Silas Chatard.

"The first day must have been one of mingled emotions for the Sisters. At the very hour of their arrival, a circus was parading the town. The spectators, who had never seen a Sister of Charity with her white-winged cornette, supposed

[8] Reports received from the hospitals listed. Information obtained mostly from early records and accounts given by individuals.

them to be new and novel entertainers brought along with the other itinerant attractions. The surrey in which the Sisters rode was loudly cheered—cheers which the Sisters took smilingly, and with perfect self-possession.

"When they reached their destination, the rooms that they were to occupy were not in readiness. Indeed, no preparations had been made. Bishop Chatard, who greeted them at the church, took pine boxes from the basement and made a fire that the Sisters might cook their first meal in Indianapolis. Without doubt, it was just such situations that St. Vincent de Paul anticipated when he urged Sisters of Charity to be gay in meeting difficulties. . . .

"The first St. Vincent's Hospital occupied a part of the old St. Joseph's Church and Seminary Building located on Vermont and Liberty Streets. The building had no furnace, and the Sisters carried coal up, and ashes down, three flights of stairs. They used kerosene lamps because of the cost of gas, and they labored amidst a host of other inconveniences"[9]

On January 1, 1884, the old building previously occupied by St. Anthony Hospital, Terre Haute, was closed and a new building was opened.

"The first patient admitted to the ward of the new hospital was a tramp. As the Sister on night duty made her rounds she noticed that the patient had unusual symptoms but the dim light of the lantern she carried prevented her from detecting the nature of the case. Toward morning a doctor was called and, to the consternation of all, the patient was pronounced a smallpox case. The ward was closed and disinfected and the tramp was taken to the pest house. Smallpox patients received no real nursing care, so George Plantett, a man around town who had had the disease, was hired to

[9] *Golden Jubilee* 1897-1947, St. Vincent's Hospital School of Nursing, Indianapolis, May 20, 1947, p. 7.

take care of the case. Under these conditions it is not surprising that smallpox often proved fatal."[10]

The following is a description of the first days at the Union Hospital, Terre Haute.

"The Union Hospital started with a two-story frame residence on North Seventh Street when it was then the edge of the city with no sidewalks and only a single buggy track through the grassy street. The first patient was admitted in August, 1892.

"There were few beds and only a few doctors to do the work. Much of the help was voluntarily donated. There was a tub and washboards in the shed in the rear which was the laundry. A small cook stove sufficed for the meals, for hot water for the laundry, and for all the needs of patients. The two small wards had heating stoves in the centers of the rooms, while the private rooms were luxuriously supplied with coal fire places. Essic Roach was the handy man, engineer, repair man, pharmacist, and floor and operating room orderly for which he received the magnificent sum of $25.00 a month. He, plus a cook and a laundress at $15.00 a month, and one maid at $10.00 a month, made up the entire pay roll. In those golden days the utilities, water, electricity, gas, ice and coal were all donated. The ward rates were as low as $5.00 a week, with the private rooms commanding $10.00 a week. One deluxe room bore the tremendous weekly rate of $15.00"[11]

Sister Leonine, sole survivor of the four Sisters of the Holy Cross who opened St. John's Hickey Memorial

[10] Peters, Sister M. Rosanna, *The History of the Poor Sisters of St. Francis Seraph of the Perpetual Adoration* 1875-1940. Unpublished Doctor's dissertation, Department of History, Indiana University, Bloomington, Indiana, August, 1944, p. 50.

[11] *The Union Hospital* 1910-1941, Union Hospital, Terre Haute, 1941, p. 5.

Hospital, Anderson, on June 9, 1894, died in May, 1947. The *Anderson Herald,* in reporting her death, published parts of letters written by her for the golden jubilee of the hospital. They relate some of the events which up to that time had not been published.

Sister Leonine and Sister Gonzague were sent from the mother house to assist in transforming the Hickey homestead into a hospital. They arrived on May 21, 1894. Sister Leonine's account of the events shows some of the problems encountered.

"I taught at St. Mary's School in the morning, and cleaned the house in the afternoon. The house was in terrific condition. There were cobwebs from one room to another. There were two rooms without any windows. . . . Under the carpets . . . were pounds and pounds of straw. . . . We had a great struggle to provide for ourselves and the patients, and there were no modern conveniences. The patients brought their own beds and everything they could to help out."[12]

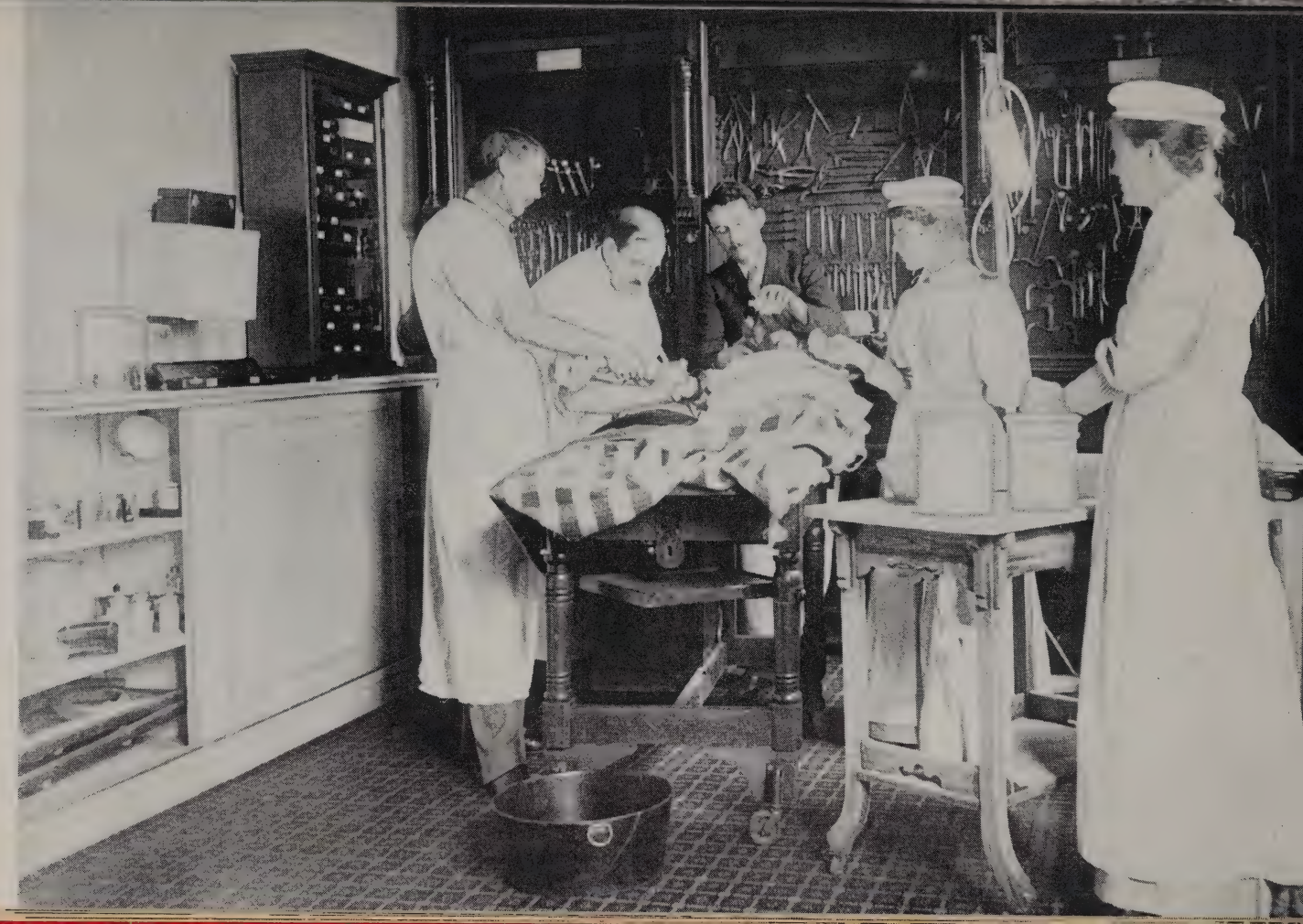
In spite of the hardships, the doors of the hospitals were opened and a new era of medical and nursing care had begun. The list of early hospitals is not intended to be complete, but is used as a sampling to show the trend in securing professional or non-professional workers in the early hospitals. The trend was to have a professional nurse in charge of nursing service. Later,

[12] "Sister Leonine's Death Recalls Early Days at Hospital," *Anderson Herald,* Anderson, Indiana, May 27, 1947.

Operating Room

Indianapolis City Hospital

1887



as schools of nursing became more numerous when hospitals were developed, nurses for actual care of patients were secured from the schools of nursing in Indiana or from schools in other states.

The fact that the early hospitals were small is significant when considering the functions of the nurses in some of the early hospitals. Although the functions of the nurses varied in the different institutions, the total range of duties encompassed a wide variety of activities. Some care was given relating to the personal hygiene of the patient, which consisted mainly of giving the bath to those patients too ill to care for themselves. The time given to housekeeping responsibilities in various hospitals ranged from 25 per cent to 75 per cent. Nurses were often responsible for the daily laundry, which in many situations entailed heating the water on the stove and settling down to business with the wash tub and wash board. After the ironing, done with an old hand iron, came the mending. The scrubbing, cleaning, and dusting of the hospital were other tasks to be done. The nurses also prepared and served the meals. In some of the more "progressive institutions" the nurses only assisted with these housekeeping duties. St. John's Hickey Memorial Hospital, Anderson, reported that nurses were required to care for the cows and chickens owned by the hospital. Office and switchboard duties were often part of the routine. Only occa-

sionally was the nurse expected to administer the therapeutics or diagnostic treatments which today are one of the major functions of the bedside nurse. These treatments usually included the dressing of wounds; application of fomentations, poultices, cups and leeches; the administration of enemas and irrigations; and the administration of "remedies."[13]

In general, the ratio of nurse to patient seemed to be between one to ten and one to twenty. The working hours per week varied from 50 to 84, with the average working day in some hospitals reaching 14 hours. In 1883, at the Indianapolis City Hospital, the practice was for the patients to care for each other after the nurses retired for the night.[14]

Some of the early hospitals made a distinction between the nurse's functions and the lay worker's, so that much of the responsibility for housekeeping, laundry, cooking, and similar duties was assigned to persons other than nurses. This trend became more evident in the beginning of the twentieth century.

Gradually the functions of the institutional nurse have changed until today, although she is still burdened with routine duties which could be delegated to others,

[13] Reports received from the hospitals listed. Information obtained mostly from early records and accounts given by individuals.

[14] Rice, Thurman B., "The Origin and Development of the City Hospital," *Indiana State Board of Health, Monthly Bulletin* 50:95, April, 1947.

her major responsibility is nursing care, which involves giving the patient the personal care necessary to make him comfortable, anticipating his needs, and teaching him those things helpful in attaining and maintaining a healthy state of living. It also includes the administration of treatments and medications and the supervision of co-workers who assist in giving care to the patient. Many treatments given in the modern hospital necessitate the use of complicated equipment and apparatus which must be understood by the nurse if she is to use it safely for therapeutic purposes. Desirable reactions as well as untoward symptoms must be known. Careful observation and recording of symptoms and reactions are necessary to safeguard the patient and furnish the doctor with the information needed to evaluate the results. The observation of symptoms is a continuous process and, since the doctor spends a limited amount of time with the patient as compared with the time spent by the nurse, he finds a complete, accurate record of the symptoms and reactions a valuable aid in formulating the plan of treatment.

Some of the treatments the nurse performs today include: administering oxygen therapy and diathermy; taking blood pressure; assisting the doctor with the administration of intravenous infusions; caring for patients with suction siphonage; caring for patients in respirators; changing aseptic dressings; giving nasal

feedings; caring for babies in incubators; and administering hypodermic and deep muscular injections, and oral medications.

A knowledge and skill necessary to perform safely these more scientific and complicated procedures require ability and professional preparations of a high caliber. Such a background of knowledge and experience is a marked contrast to that of the early nurse.

A sampling of the bed capacity of some of the present-day hospitals will indicate the growth which has taken place: Indianapolis General Hospital, 738 beds; St. Vincent's Hospital, 460 beds; St. Joseph Hospital, South Bend, 232 beds; St. Anthony Hospital, Terre Haute, 185 beds; St. Margaret's Hospital, Hammond, 315 beds; Protestant Deaconess Hospital, Evansville, 300 beds; Methodist Hospital, Indianapolis, 712 beds; Indiana University Hospitals, Indianapolis, 646 beds; Union Hospital, Terre Haute, 210 beds; St. John's Hickey Memorial Hospital, Anderson, 290 beds; Methodist Hospital, Gary, 265 beds; Memorial Hospital, South Bend, 251 beds; Lutheran Hospital, Fort Wayne, 240 beds; and Ball Memorial Hospital, Muncie, 247 beds.

The provision of adequate nursing service for these and the many other hospitals in Indiana presents a major problem. A well organized nursing service staff is necessary in each hospital. The general pattern in-

cludes a Director of Nursing Service who sometimes serves as the Director of the School of Nursing if the hospital maintains such a school. The supervisors are usually in charge of a hospital division, such as the obstetric department, pediatric department, or medical department. A head nurse functions as the manager of a unit within the department and is responsible for coordinating the activities of related departments of the hospital and the activities of the personnel within the unit toward providing good nursing care for the patients in the unit.

General staff nurses, student nurses, if there is a school, and nurse's aides, usually prepared through in-service-programs, provide bedside nursing care under the direction of the supervisor and head nurse.

The following personnel practices relating to work hours and salary are quite generally observed today. The nurses are on duty approximately 44 to 48 hours a week, with at least one free day. The average day is eight hours in length and this time is given in unbroken service, following the pattern of 7 A. M. to 3 P. M.; 3 P. M. to 11 P. M.; and 11 P. M. to 7 A. M. The average monthly salary for the supervisor ranges from approximately $180.00 to $220.00. The salary for the head nurse and general staff nurse is usually a little less.

Hospitals, both veteran and civilian, are increasing

in number and capacity, and are handicapped by the growing demand for more nurses.

In 1947 there were 9,222 nurses registered and living in Indiana. On December 31, 1947, there were 2,239 students in the schools of nursing in Indiana. Although there are more students in the schools now than there were five years ago, and although more have been graduated in the intervening years than ever before in a comparable period of time, the need for nurses is very acute.

Several factors have influenced this demand. Modern therapeutic treatments are time consuming. Time is necessary to teach the patient, satisfactorily, certain procedures essential for his safe care upon his return home. This is becoming increasingly important with the trend toward shorter periods of hospitalization. The decrease in the length of hospitalization in turn makes a more acute service, which, to complete the cycle, necessitates more nursing care per patient. In such expanding fields as psychosomatic medicine, the nurse needs to spend sufficient time with the patient to learn his problems and observe manifestations. Nurses specially prepared in psychiatric and tuberculosis nursing are being sought by special hospitals devoted to these fields. Industries have recognized the advantages of employing nurses and are utilizing more nurses in this area each year. Doctors, because of an increase in the number of

patients, are employing more nurses in their offices and clinics. The expansion of community health services and the new awareness on the part of the public concerning health needs and the prevention of disease have contributed toward the demand for more public health nurses and school nurses. The demand for the nurse in private practice is also very great due to such factors as crowded hospital conditions which make it necessary for some patients to remain at home, the lack of adequate nursing service staff in some institutions, and the improved economic status of a large number of persons. All these factors tend to affect nursing service in hospitals.

THE NURSE IN PRIVATE PRACTICE

Nursing care given to an individual patient in the home or in the hospital is one of the oldest types of nursing service. As nurses were graduated from the early nursing schools in Indiana it was natural for them to enter this area of nursing service, since the personal satisfactions were great and other opportunities were relatively few.

A registry for private duty nurses was operated by the Flower Mission and Training School for Nurses, Indianapolis, in 1890. Registered nurses received $15.00 per week, or $2.50 per day. One of the regulations stated that "when taking care of a nervous patient,

St. Vincent's Hospital Group

Indianapolis

Circa 1902



day and night, though the nurse may sleep, it is better for both patient and nurse that she have some time for exercise in the open air, apart from the patient." Student nurses were sent into homes as private nurses. The student was required "to always bring back with her a report of her conduct and efficiency, from the family of her patient, and from the medical attendant."[15]

One of the early private duty nurses was Miss Frances Ott, who was graduated from the Flower Mission and Training School for Nurses in 1886 and entered private duty in 1888. Miss Ott was the first chairman of the Private Duty Section which the American Nurses' Association organized in 1912.

Miss Ott stated that each private duty nurse was required to provide her own medicine glass and the patient's bedside call bell. She described the Ermich thermometer which was used during this period. It was round like a watch and was used in the axilla or on another surface of the body. The indicator moved in a circle like a weather indicator. There was a snap on the stem to bring indicator back to normal after it had registered the temperature. It registered only those tem-

[15] *Annual Report of the Flower Mission and Training School for Nurses,* Indianapolis, Indiana, 1890, p. 18.

peratures above 100 degrees F. The thermometer cost ten dollars in 1889.[16]

Registries were established by other hospitals in Indiana and, although variations occurred and fees were different, the general plan was the same. Later, under the direction of the Indiana State Nurses' Association and through the efforts of the district associations, official registries were established in some localities. At present there are five official registries, called Nursing Service Bureaus,[17] operating in Indiana. They are located at Fort Wayne, Gary, Indianapolis, Terre Haute, and South Bend.

As late as 1930 the private duty nurse often worked 20 hours a day, getting what little rest she could at times when the patient was resting or when relatives or friends of the patient would relieve her. A "share the work" campaign, which started during the 1930 depression, when hundreds of private duty nurses were unemployed, resulted in a permanent plan for shorter hours. Through the nursing organizations and the nurses' official registries, the hours of service were reduced to 12 a day and later to eight-hour service, which is the policy today. The present charge of eight-hour service varies from $8.00 to $10.00 a day according

[16] Ott, Frances, "What We Used Fifty Years Ago," *The American Journal of Nursing* 39:140, February, 1939.
[17] Records, Indiana State Nurses' Association.

to the nature of the disease, and in some instances according to the time the service is given. The nurse on night or evening service may receive the higher payment.

There are several patterns of care in current usage which followed the changes in hours of service. Sometimes three nurses, working eight hours each, give continuous 24-hour service to the patient. Another patient may have one or two nurses for eight hours each at the time when the nursing care is most complicated. The cost, the patient's condition, and the availability of nurses are determining factors in regard to the number of nurses employed.

Another pattern sometimes used in the hospital today is known as group-nursing. One nurse in private practice may give nursing service to two or three patients in the same or adjoining rooms. The total cost per day is greater, but the cost per individual patient is somewhat less. This pattern is useful when an insufficient number of nurses is available for each patient. The change in functions of the nurse in private practice parallels that of the institutional nurse.

The proportionate number of nurses in private practice has gradually decreased as the opportunities for nurses in different areas have expanded. Private practice remains, however, as one of the major areas of

nursing service. In 1947 there were 1,925 registered nurses in Indiana engaged in private practice.[18]

PUBLIC HEALTH AND RELATED NURSING SERVICES

The trends and development of public health nursing in Indiana follow the general trend of its development in the United States. In 1893 Miss Lillian Wald organized the Nurses' Settlement in East Side New York and introduced a new area of nursing to the people of that locality. In 1902 school nursing was established by the Henry Street Settlement, and in 1910 the first public health nursing course was established at Teachers' College, Columbia University, New York, under the direction of Miss Adelaide Nutting. The National Organization for Public Health Nursing was founded in 1912.

The members of the Flower Mission, Indianapolis, recognized the need for visiting nurses in 1885. Mrs. Mary Mays was asked to study the needs of the families reporting to the City Dispensary. The reports showed a great need of education in the care of the sick in the homes of the Flower Mission patients. Sanitary conditions were bad, and a trained nurse was needed to make visits to the families and give instruction and care. A young English medical student, Miss Henley, was the

[18] Records, Indiana State Board of Examination and Registration of Nurses.

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first public health nurse to be employed by the city.[19] She was subject to calls from the City Dispensary physicians and from the ladies of the Flower Mission. The care given was under the supervision of the physician, and the nurse was expected to prepare special diets and as far as possible to inculcate habits of order and cleanliness in the home.[20]

Miss Abbie Hunt (later Mrs. Peter Bryce), the first Superintendent of Nurses at the Indianapolis City Hospital, urged the development of a Public Health Nursing Association during the first decade of the 1900's. Under her leadership the Graduate Nurses' Association raised money to pay the first month's salary of Miss Belle Emden, who was employed to give public health nursing services. For some time after that her salary was paid by the Women's Department Club of Indianapolis. The Indianapolis Public Health Nursing Association was organized in 1912 and incorporated January 4, 1913.[21] Miss Beatrice Short was appointed Superintendent of the Association in September, 1929, and has served in that capacity since that time. In

[19] Rice, Thurman B., "The Flower Mission," *Indiana State Board of Health, Monthly Bulletin* 47:261, November, 1947.
[20] *Annual Report of the Flower Mission and Training School for Nurses,* Indianapolis, 1890.
[21] Rice, Thurman B., "Beginnings of Public Health Nursing in Indiana," *Indiana State Board of Health, Monthly Bulletin* 45:37-40, February, 1945.

1947 the name of the Association was changed to the Visiting Nurse Association of Indianapolis.

The Metropolitan Life Insurance Company employed nurses who gave home service, and a few nurses were employed in the schools of Indianapolis. Miss Blanche Neff was employed in 1908 to work with those families in the city where there was a case of tuberculosis.[22] In February, 1919, the State Tuberculosis Association employed Miss Pearl Stanton to go into rural areas. Her services were paid for by the county in which she worked and she continued in each county only as long as there were funds available for her employment.[23]

The problem of caring for the sick in the homes was common throughout Indiana, and hospitals, nurses, and community groups struggled to develop a plan to meet these needs.

Since 1912, Red Cross chapters have sponsored public health nursing services in more than half the counties in the United States. It has been the constant purpose of the Red Cross to encourage the development of public health nursing services, to demonstrate the value

[22] *Ibid.*

[23] Records, Indiana State Tuberculosis Association, through letter to author, July 31, 1947, from Mr. Murray A. Auerbach, Executive Secretary of the Indiana State Tuberculosis Association.

of such services, and to assure their permanence by ultimate transfer to the community.[24]

Since there was, in Indiana, no bureau or division of public health nursing within the State Department of Health, the American Red Cross and other voluntary agencies, notably the State Tuberculosis Association, assumed the responsibility for going ahead with their own plan of organization and development in this state.[25]

The first state supervising nurse, Miss Ina Gaskill, was employed in 1919. The American Red Cross paid her salary and provided office space in the Lemcke Building, Indianapolis, which at that time was the headquarters of the State Red Cross. In March, 1920, a second supervising nurse, Miss Annabelle Peterson, was employed, because the organization of county public health nursing services was progressing very rapidly.[26]

In May, 1920, an agreement between the State Board of Health and the American Red Cross was reached regarding public health nursing. The agreement, which follows, was obtained from the 1920 *Annual Report*

[24] Summary of activities in the founding of public health nursing in Indiana, compiled from the files and sent by Miss Annabelle Peterson, American Red Cross, Washington, D. C., to the author, August 11, 1947.
[25] *Ibid.*
[26] *Ibid.*

UNION HOSPITAL

TERRE HAUTE

OPENED 1892


UNION HOSPITAL
UNION HOME FOR INVALIDS

of the Nursing Division of the Indiana State Board of Health:

"The Assistant Director of the Bureau of Public Health Nursing, of the American Red Cross for Indiana, Miss Ina M. Gaskill, and her assistant, Miss Annabelle Peterson, will have offices in the State Board of Health. The Director of this department will also be Director of Public Health Nursing for the State Board of Health.

"The purpose of this department is to stimulate interest in Public Health Nursing work, to standardize public health work throughout the State, to serve as a clearing house, to plan a system of State records, and to help interest and prepare nurses in the field. The greatest stress will be placed on the county and rural public health nursing."

Although no law was enacted to create a division of public health nursing, the department as set up was recognized as official, with a director and assistant director responsible to the secretary of the State Health Department. Miss Peterson served in the dual capacity of assistant director of public health nursing in the State Department of Health and as nursing field representative for the American Red Cross, until she was transferred to Headquarters of the Washington, D. C., division in March, 1924. By this time the Division of Public Health Nursing was sufficiently well established to warrant the withdrawal of the American Red Cross from the State House.[27] In 1922 there were 242 public health nurses employed in the State.

[27] *Ibid.*

Miss Isabelle Glover served as Director of the Division of Public Health Nursing, Indiana State Board of Health, from 1924 to 1926. Miss Beisel was her assistant until 1925, when Miss Eva MacDougall became her assistant. When Miss Glover resigned, Miss MacDougall became acting director and served as such until she was appointed director in April, 1927. Miss MacDougall was director until July, 1942. Upon her resignation, Miss Ethel Jacobs, the present director, was appointed.[28]

From 1937 through 1946, the Indiana State Board of Health offered and granted financial assistance to many counties in the state for the development of county public health nursing services. These grants were offered on a temporary basis from year to year as a means of demonstrating to the public the value and benefits of this type of public health service. Some agencies received their total budget from the Indiana State Board of Health, while other agencies supplemented their budget from the State Board funds. In June, 1946, Dr. L. E. Burney, State Health Commissioner of the Indiana State Board of Health, advised the counties that state funds were not available for 1947, and that it would be necessary for the counties to

[28] Informal statement from Miss Eva MacDougall to the author, March 6, 1948.

assume the entire cost and make necessary appropriation if the nursing services were to be continued.[29]

As a part of its 1947 activities, the Division of Public Health Nursing gave continued consultation service to public health nurses throughout the state; developed and improved clinic facilities for venereal disease, well child, tuberculosis, prenatal and immunization; improved and assisted in family health counseling, which included bedside care; organized and promoted rural health committees, public health advisory councils, and full-time health units; gave direct and consultant service to local physicians, nurses, and school personnel on treatment and prevention of ringworm of the scalp; planned in-service training and held staff conferences on venereal disease and tuberculosis control, communicable disease, and school and adult health; and assisted with many other activities concerned with organization and administrative functions.[30]

In 1947 there were 879 public health nurses employed in Indiana. Of this number, 30 were supervisors, 368 were staff nurses, 6 were employed in schools of nursing, 100 were supervising nurses in industry, and 375 were staff nurses in industry.[31]

[29] Copy of letter from Dr. L. E. Burney to Mr. Donald Smith, Auditor, Lawrence County, Bedford, Indiana. Information affirmed.
[30] *Annual Report,* Division of Public Health Nursing, Indiana State Board of Health, Indianapolis, Indiana, 1947.
[31] *Ibid.*

Chapter III

NURSING EDUCATION IN INDIANA

BASIC PROFESSIONAL NURSING EDUCATION

With the establishment of the first Indiana Training School for Nurses at the Indianapolis Flower Mission in 1883,[1] nursing as a profession was born in Indiana.

The 65 years of growth of this profession parallels the phenomenal expansion of education, industry, transportation, communication, and science, including medical science. Developments occurring in these areas exerted marked influence on the nursing profession and helped in bringing about its rapid growth, which has been in response to the needs of society.

It was the need of society for nursing care which stimulated interest in the establishment of the first nursing school in Indiana. In 1883 the preparation of professional nurses was still a new trend in the United States, and thoughtful consideration was given to the new venture by physicians and hospital authorities. A statement by Dr. W. N. Wishard, Superintendent of City Hospital, Indianapolis, concerning the proposed

[1] Records, Indianapolis General Hospital School of Nursing, Indianapolis, Indiana. The school, started by the Flower Mission, was taken over later by the Indianapolis City Hospital. The name was changed to Indianapolis General Hospital School of Nursing in 1947.

project was published in the 1883 *Nursing School Bulletin, Flower Mission Training School for Nurses.*

"I visited the Cook County Hospital, Chicago, last week to investigate the practical working of the training school system, with a view toward its adoption in the Indianapolis City Hospital if found satisfactory. A comparison of the work done in the wards not under care of the training school nurses and those under their care, presented a most complimentary showing for the latter. The physicians with whom I conversed gave their unqualified indorsement of the superiority of the nursing done by the training school nurses. The plan is, in my judgment, the most practical, therefore the best, that could be adopted for furnishing the public with trained and disciplined nurses. I am ready for its application in all the wards of the Indianapolis City Hospital as soon as the school is organized and in working order."[2]

Other physicians cordially endorsed the plan and pointed out the need for educated qualified nurses to care for the sick.[3]

The first class consisted of nine students, five of whom were graduated. The first student accepted was Miss Margaret Iddings, and she is considered the first graduate nurse in Indiana.[4] The course was two years in length and included the following instruction: the temporary treatment, in the absence of the physician, of such emergencies as poisoning, hemorrhage, syncope,

[2] *Nursing School Bulletin, Flower Mission Training School for Nurses,* Indianapolis, 1883, p. 8.
[3] Statements made by the physicians may be found in the *Nursing School Bulletin, Flower Mission Training School for Nurses,* 1883.
[4] Records, Indianapolis General Hospital School for Nurses.

convulsions, and suffocation; the inspection of discharges from the body; the care of lying-in women and of young chidren; the dressing of blisters, burns, ulcers, wounds, and fractures; the application of fomentations, poultices, cups, and leeches; the administration of enemas and irrigations, and bathing the patient in bed; the management of appliances for uterine complaints and the use of the catheter; the administration of remedies; the hygienic care of the sick room; the management of helpless patients; the prevention and dressing of bedsores; friction and massage; the accurate observation of the state of the secretions, appetite, mental condition, sleep, and condition of wounds; the effect of diet, stimulants, or medicines; temperature, pulse, and respiration, and the recording of the same; the management of convalescents; the general outline of anatomy, situation, and boundaries of organs; physiology; practical instruction at the bedside; the making and changing of beds; the cleaning and disinfecting utensils; and the preparation and serving of food and

"The teaching will be given by visiting and resident physicians and surgeons at the bedside of the patients, and by the Superintendent and Head Nurses. Lectures, recitations, and demonstration will take place from time to time and examinations at stated intervals."[6]

[6] *Nursing School Bulletin, Flower Mission Training School for Nurses,* 1883.

Welborn Baptist Memorial Hospital Group

Evansville

1910



drinks for the sick.[5] The *Nursing School Bulletin* stated that:

It was possible for any woman who desired to obtain the benefit of the instruction given in the school, but who did not intend to follow the vocation of nurse, to attend the course by paying in advance a fee of $10.00 for the session. Such persons were not required to pass the examinations.[7]

Several schools of nursing were in operation over the state by the close of the nineteenth century, among which were the following present schools of nursing: the Welborn Memorial Baptist Hospital[8] School of Nursing, Evansville, opened in 1894; student admissions were "staggered," that is, students were permitted to enter the school at any time. Protestant Deaconess Hospital School of Nursing, Evansville; St. Vincent's Hospital School of Nursing, Indianapolis, and Memorial Hospital[9] School of Nursing, South Bend, opened in 1896; St. Elizabeth Hospital Training School for Nurses, Lafayette, opened in 1897; Lafayette Home Hospital Training School for Nurses and St. Stephens, now the Reid Memorial Hospital School of Nursing,

[6] *Ibid.*, p. 12.
[7] *Ibid.*, p. 12.
[8] In 1894 the official title of the hospital was Evansville Sanitorium. It was later changed to Walker Sanitorium, Walker Hospital, Welborn Walker Hospital, and, in 1944, to the present title, Welborn Memorial Baptist Hospital. It will be referred to in this history by the present title.
[9] Present title.

Richmond, opened in 1899; and Union Hospital School of Nursing, Terre Haute, opened in 1900.

In these early Indiana schools of nursing the number of students admitted in the first class varied from one to ten. High school graduation was not required. Some of the schools required the prospective students to have a physical examination by the family physician, others required an examination by the nursing school physician, while others did not require any examination. The lower age requirements varied from 16 to 21 years of age, with the majority requiring the student to be 21 upon admission to the school. The practice was quite general for students to receive board, room, and laundry, and a small "allowance" of approximately $10.00 a month. One school reported the students were paid ten cents a day.[10]

The lack of adequate records in the early schools makes it difficult to obtain information regarding the program of studies. In some instances available records go back only to a time several years after the school was opened. Some schools recorded the subjects included but did not indicate the number of hours of instruction. The total number apparently ranged from 60 to 100 hours. In general, the following courses were taught: anatomy and physiology, medical and

[10] Reports from the Schools of Nursing above listed.

surgical nursing, ethics, obstetrics, nursing arts, nursing of children, and sometimes dietetics.

After four months in the nursing school, students spent from 50 to 70 hours a week on the clinical division in addition to classes. Students sometimes remained on night duty for two months and worked 12 hours a night. The typical day was 12 hours long and class periods were often added to that time. Evening classes were not uncommon.

The nursing functions of the students varied from school to school. The following is a summarization of the functions of student nurses as listed by the early schools. Not all items listed were common to all schools but each was listed as a function by at least one school. The functions were: assisting with laundry, cooking, scrubbing, cleaning, sewing; office and switchboard duties; assisting in pharmacy, laboratory, and with nontechnical duties in the X-ray department; giving approximately 25 to 50 per cent of time to housekeeping responsibilities; giving care relating to personal hygiene of the patient; and administering medicines and hypodermics and changing dressings.[11]

The most rapid expansion of nursing schools in Indiana occurred in the first two decades of the twentieth century. Hospitals were increasing and nurses were

[11] *Ibid.*

needed. In 1908 there were more than 70 hospitals and sanitoriums in Indiana, 38 of which were operating schools of nursing. Six of the hospitals with schools had a bed capacity of 10 or fewer.[12]

It was evident that some kind of control and standardization was necessary. Some other states faced with a similar problem had established registration laws for nurses.

The Indiana State Nurses' Association was organized on September 3, 1903, and became incorporated March, 1904. One of the first tasks of the new organization was to secure state legislation controlling the examination and registration of nurses. The legislative Act creating a Board of Examination and Registration of Nurses was passed by the State Legislature February 27, 1905. Miss Edna Humphrey was appointed president of the Board.[13]

Dr. Maude McConnell, one of the charter members of the Indiana State Nurses' Association, gave several interesting facts connected with the law.

"Indiana was the seventh state to have registration for nurses. It was the first law of its kind passed west of the Appalachian Mountains; it was the first law for women put through by women."

The first Board of Nurses appointed by the Governer,

[12] Records of the Indiana State Board of Examination and Registration of Nurses.
[13] Records, Indiana State Nurses' Association.

Frank Hanley, was composed of a Canadian nurse, Miss Menia S. Tyle, Indianapolis; Miss Edna Humphrey, Crawfordsville; Miss Lizzie M. Cox, Elizabethtown; Miss Isabella Gerhart, Lafayette; and Dr. Eva S. Sammon, Indianapolis.[14]

Miss Lizzie Morris Cox, first inspector of training schools in Indiana, gave the following account of this important period:

"In December, 1906, we had our first meeting for registering nurses. It was interesting to see many nurses who were not eligible to register try in many ways to come under the requirements of the law. Some were very indignant but we held strictly to law. After the first meeting in December we found the need for a uniform curriculum. We divided the different subjects among the Board members and each prepared her own list of questions for the State Board Examination. Some schools did not have the full required courses, which created a problem. Schools were sending nurses out as fully equipped for nursing, and we could not say they were not capable of giving the public the best that was required of them. In 1908 the Board sent me over the State to inspect the work of the different hospitals. I visited every hospital, sanitarium, and place where nursing was done. Some of the places had only two beds. I was received kindly in most instances while some treated me as an intruder and as though I was interfering where I had no business. Where there was a training school I found the superintendents very willing to cooperate with the Board. We placed before the schools a uniform curriculum to which they readily conformed, placing all schools on a three-year basis, where some had three and some two years of training. Two years after placing the curriculum before the schools we followed up our work. I

[14] *Ibid.*

visited only those hospitals that I found on my first visit would support training schools."[15]

Some of the present schools of nursing which were founded early in this century include: Lutheran Hospital School of Nursing, Fort Wayne, 1904; Ball Memorial Hospital School of Nursing, Muncie, 1906; St. Joseph Hospital School of Nursing, South Bend, 1907; Methodist Hospital School of Nursing, Indianapolis, 1908; Good Samaritan Hospital School of Nursing, Vincennes, 1908; St. John's Hickey Memorial Hospital School of Nursing, Anderson, 1909; Indiana University Training School for Nurses, Indianapolis, 1914; Good Samaritan School of Nursing, Kokomo, 1917; St. Anthony Hospital School of Nursing, Terre Haute, 1918; St. Margaret Hospital School of Nursing, Hammond, 1919; St. Joseph School of Nursing, Mishawaka, 1919. The Methodist Hospital School of Nursing at Gary opened in 1923. The most recent school to be established in Indiana is St. Mary's College School of Nursing, which was organized as an integral department in St. Mary's College, Notre Dame, South Bend, during 1935. The first student was admitted in the fall of 1936.[16] Other schools of nursing in Indiana at the present time are: St. Catherine Hospital School of Nursing, East Chicago; St. Mary's Hospital School of

[15] *Ibid.*
[16] Information received from the schools of nursing listed above.

Nursing, Evansville; St. Joseph Hospital School of Nursing, Fort Wayne; and St. Mary's Mercy School of Nursing, Gary. The Bloomington Hospital School of Nursing, Bloomington, is not admitting students at this time.

In comparing the schools established in the last decade of the nineteenth and first decade of the twentieth century, several changes are noticeable. The program of studies in the latter group included bacteriology and history of nursing fairly consistently, followed a little later by the addition of chemistry. The number of hours of instruction showed a marked increase. There was a great variation from school to school in the amount of time spent in the different clinical areas, namely: obstetrics, pediatrics, medical and surgical nursing, and diet kitchen. The time spent in the clinical nursing departments increased as the programs were expanded to three years.

A few of the early schools of nursing had one full time instructor who taught all the subjects. The more common practice was for the superintendent of nurses or the supervisor to teach the students. Many of the supervisors worked 84 hours a week, and the teaching of students was just another item added to their many duties. Some of the instructors were high school graduates but many were not, and only a few had special preparation beyond the basic professional curriculum.

Union Hospital Nurses

Terre Haute

Circa 1900



The schools established from 1914 to 1923 showed greater standardization of instruction and clinical experience, as well as an increase in the number of hours of instruction. The existing schools were also raising their standards and improving their instruction.

One must not overlook the fact that World War I occurred in the latter part of the 20-year period between 1900 and 1920, when nursing schools were expanding so rapidly. Nurses had found their places in the hospitals and on the battle fields of France, and the urgent need for nurses both at home and abroad aroused interest and sent many young women into the schools of nursing. The influenza epidemic of this period increased the number of patients in the hospitals and the demand for nurses in the homes.

The results of some of the activities of the national nursing organizations influenced the schools of nursing in Indiana as well as other schools throughout the country.

The *Standard Curriculum for Schools of Nursing,* published by the National League of Nursing Education in 1917 and revised in 1927 and 1937, contributed toward an improved, more standardized curriculum in the nursing schools. The five-year study started by the Grading Committee of the National League of Nursing Education in 1926 was a far-reaching enterprise which aided the boards of nurse examiners in deciding

on standards for schools of nursing and establishing minimum requirements.

The depression of the early 1930's had a marked effect upon nursing and nursing education throughout the United States. The Grading Committee studies had indicated a trend toward over-production of nurses, and during the depression hundreds of nurses were unemployed. A large number entered institutional nursing and served as general staff nurses at very low salaries, sometimes $30.00 to $50.00 a month. Before this time, graduate nurses had not been used so extensively in this capacity by the hospitals. Hospital admissions decreased during this era of general unemployment, and many of the hospitals found it necessary to close some departments. As a result, the demand for nurses decreased, student enrollments in the United States decreased 20 per cent from 1932 to 1935, 500 small schools were discontinued, and the average size of the remaining schools increased.

During 1932 three Indiana hospitals closed their schools of nursing, and a fourth, which was removed from the accredited list of nursing schools, closed early in 1933. In March, 1933, there were 29 accredited schools of nursing, with a total student enrollment of 1,653. Eight of these schools were connected with hospitals of fewer than 100 beds, 12 were connected with hospitals of between 100 and 200 beds, and

nine were connected with hospitals of over 200 beds. A total of 853 students entered the schools of nursing in Indiana in 1931, and 605 students entered in 1932. All of the 29 schools required a high school diploma for matriculation, and preference was given to students in the upper third of their high school classes. Mental tests were used routinely in six schools. The hours of classroom teaching given in 22 schools ranged from 900 to 1,300 hours. The classroom instruction in the other seven schools ranged between 600 and 900 hours. Twenty-one of the schools had a full-time instructor, and the faculty of 12 schools included instructors from adjacent colleges. Four schools of nursing had a university cooperative plan, namely: Indiana University Training School for Nurses, Indianapolis, with Indiana University, Bloomington; Indianapolis City Hospital School of Nursing, Indianapolis, with Butler University; Methodist Hospital School of Nursing, Indianapolis, with DePauw University; and Ball Memorial School of Nursing, Muncie, with Ball State Teachers College.[17]

In some situations, clinical experience which was not available in the home school was obtained through affiliations. Ten schools affiliated with other institutions for pediatrics and medicine, one for psychiatry, and one for communicable diseases. Ten schools gave

[17] Records of the Indiana State Board of Examination and Registration of Nurses.

students experience in public health nursing through affiliation with visiting nurse associations or other public health organizations.[18]

In 1933 eight schools still required students on night service to work 10 to 12 hours a night. In other schools the hours of service were from eight to nine hours, although six schools had an eight-hour plan for both day and night service. All schools gave at least one-half day off a week and one-fourth of the schools gave two half days a week. The majority gave only two weeks vacation a year. Allowance, as it was then called, had been discontinued in 15 schools. Three of these schools were using this money to pay the salaries for additional nurses for staff duty, which would permit shorter hours for students, and four schools used it to pay additional instructors.[19]

Four schools included an X-ray of the chest in the first routine examination. All schools either required a certificate of vaccination for smallpox and typhoid fever or had the students vaccinated after admission to the school. A record of the students' weight was kept in all schools.[20]

In 1938 the Laura A. Kindig Training School at Goshen and the Marion General Hospital Training

[18] *Ibid.*
[19] *Ibid.*
[20] *Ibid.*

School at Marion were discontinued. There were then 28 accredited schools of nursing in Indiana, which is the present number. The 27 schools of nursing now in operation and the one inactive school have been previously listed.

A Curriculum Guide for Schools of Nursing, published by the National League of Nursing Education in 1937, placed higher optimum standards before the schools of nursing, and the minimum standards of the State Board of Examination and Registration of Nurses in Indiana were changed somewhat in 1941. Before these changes were put into effect, the United States entered World War II in December, 1941.

Graduate nurses from all areas of nursing entered the military service. Essential nursing services, which included administrative and instructional personnel in schools of nursing, were defined. Those nurses in essential positions were urged to remain in their positions. In June, 1943, there were 962 graduate nurses, including 382 staff nurses, employed in Indiana hospitals operating schools of nursing. Vacancies, including faculty and staff nurses, totaled 257.[21] The shortage of instructors, supervisors, head nurses, and staff nurses created a difficult problem for nursing school administrators. There was a constant demand for greater stu-

[21] *Ibid.*

dent enrollment, which was increased with the passing of the Bolton Act by Congress in 1943, which provided federal funds for student nurses, but there was also a constant depletion of essential personnel to teach the students.

By September, 1943, the Indiana schools of nursing had accelerated their programs to include within a 30-month period the minimum of required organized teaching and clinical experience.[22]

As of September, 1943, there were 16 schools of nursing which affiliated with other institutions to supplement the required clinical experience. Nine schools offered elective affiliations in public health nursing and seven of these nine schools also offered elective affiliation in psychiatric nursing. Only five schools in Indiana were without affiliation.[23]

With the close of World War II and a cessation of federal funds for new students entering schools of nursing, there has been a slight decrease in student enrollment. Many of the schools need additional staff nurses for bedside care as well as qualified instructors for teaching the students. The schools are in the process of de-acceleration, although some students in the schools today are completing their programs under the United States Cadet Nurse Corps system of acceleration.

[22] *Ibid.*
[23] *Ibid.*

At present, six schools of nursing have an interchange of credit with colleges or universities leading toward a baccalaureate degree.[24]

The School of Nursing at St. Mary's College, Notre Dame, South Bend, offers a five-year program leading to the degree of Bachelor of Science in Nursing. Students in this program receive clinical experience in surgical, medical, obstetric, orthopedic, eye, ear, nose, and throat nursing at Mount Carmel Hospital, Columbus, Ohio; pediatric nursing at Children's Hospital, Columbus, Ohio; tuberculosis nursing at Franklin County Tuberculosis Sanatorium, Columbus, Ohio; public health nursing at the Columbus Instructive District Nurses' Association, Columbus, Ohio; and psychiatric nursing at Toledo State Hospital, Toledo, Ohio. Following this experience, the students return to the college for the final semester in which courses in nursing education and electives are offered. Instruction in biological and physical sciences and in liberal arts precedes the clinical instruction.

Ball Memorial Hospital School of Nursing, Muncie, offers a four-year program leading to the degree of Bachelor of Science in Nursing Education from Ball State Teachers College. A three-year basic professional program is also offered for those electing the straight

[24] Information concerning the programs was received from the schools of nursing described.

MODERN THERAPEUTIC TREATMENTS

Nursing Supervision in Oxygen Therapy

ST. VINCENT'S HOSPITAL

INDIANAPOLIS



professional program. The Protestant Deaconess Hospital School of Nursing, Evansville, offers a three-year program or a five-year cooperative degree program with Evansville College.

A cooperative plan has been developed between the Indianapolis General Hospital School of Nursing and Butler University, Indianapolis. A student who has acquired 100 hours of credit toward a B.S. or A.B. degree at Butler University may, upon completion of two years and four months at the nursing school, receive the B.S. or A.B. degree. By complying with this regulation a student would be able to obtain her diploma as a graduate nurse and her Bachelor's degree in five years and four months.

The Methodist Hospital School of Nursing, Indianapolis, offers a program leading to a Bachelor's degree through an affiliation program with Butler University, DePauw University, Franklin College, Earlham College, Taylor University, and Evansville College.

The St. Elizabeth Hospital School of Nursing, Lafayette, is affiliated with St. Francis College, Fort Wayne, Indiana. Students desiring to combine an academic course with their nursing education, may after two years at the college and three years in the school of nursing, receive a Bachelor's degree and a diploma in nursing.

The Indiana University Training School for Nurses,

Indianapolis, has temporarily waived the one year of college prerequisite because of conditions arising out of the war. However, a one-year program of general basic educational courses available on the campus at Indiana University, Bloomington, is recommended as a prerequisite for students wishing to enter the school of nursing.

The schools of nursing in Indiana are gradually developing curricula to include experience for all students in tuberculosis, communicable disease, and psychiatric nursing, as well as directing efforts toward providing for better integration of public health nursing. Six schools offer experience in psychiatric nursing, six in tuberculosis nursing, and thirteen in communicable disease nursing, and nine schools have an affiliation with visiting nurse associations.[25]

The increase in the number of students in the schools of nursing in Indiana from 1913 to 1948 may be shown by sampling a few of those years. In 1913 there were 579 students in the nursing schools; in 1922 there were 1,089 students; in 1932 there were 1,710 students; in 1942, 2,123 students; in 1946, 2,912 students; and on December 31, 1947, there were 2,239 students enrolled in the nursing schools in Indiana.[26]

[25] Records of the Indiana State Board of Examination and Registration of Nurses.
[26] *Ibid.*

It must be remembered that, as the number of students was increasing, the amount and quality of instruction was improving. Additional hours of instruction in the biological and physical sciences, including anatomy, physiology, chemistry, and microbiology, became necessary as medical science advanced, bringing into common practice more technical nursing procedures. The advance of modern medicine called for more instruction in pharmacology and therapeutics, if the nurses were to observe and record the effects of the drugs. As community services and an awareness of social needs developed, more hours of sociology, social problems, and psychology were added to the nursing school curriculum. With an increased emphasis on the clinical areas, such as psychiatry, tuberculosis, obstetrics, and pediatrics, and new approaches to medicine and surgery nursing, students needed more instruction in these areas also, if they were to function safely in the fulfillment of their responsibilities. There seems to be a recognition of the importance of incorporating public health nursing and health teaching throughout the basic curriculum in addition to teaching the course, Nursing and Health Service in the Family.

There is still a fairly wide range in the total number of hours of instruction offered in the schools of nursing in Indiana. The total number of hours required would average between 1,050 and 1,300 for the three-

year curriculum. At present more consideration is given to the selection of students than heretofore, and a number of the schools use psychometric tests to aid in the selection. Pre-admission physical examinations, including chest X-rays, are required in all schools. Well-planned student health programs, including periodic examinations, are quite general. More attention is being given to desirable housing facilities and to plans for co-curricular activities for the students.

As of December 31, 1947, in schools of nursing in Indiana there was one director, school of nursing, for each school, and there were, in all, 15 assistant or associate directors, 91 full-time instructors and assistant instructors, and 40 supervisors and head nurses who assisted with teaching.[27] It is recommended that, when supervisors and head nurses serve in a dual capacity as members of the nursing service staff and also as members of the nursing school faculty because of teaching responsibilities, they be given a dual title to indicate both functions. In such cases their nursing school faculty title would be *clinical instructor* and *assistant clinical instructor,* respectively. Because this terminology has not been adopted in all the schools of nursing in Indiana, the nursing service titles of *supervisor* and *head nurse* were used in listing this group of instructors.

[27] *Ibid.*

Today the average full-time instructor teaches three or four subjects, and averages 16 teaching hours a week. Her salary ranges from $200.00 to $250.00 a month.

The increase in the number of hours of instruction and in the number of courses offered naturally created a need for more and better qualified instructional personnel. Although progress has been made, there are still many vacancies on nursing school faculties, due to lack of available properly qualified personnel.

ADVANCED NURSING EDUCATION

Indiana University, Bloomington.—A need for an advanced nursing education program in Indiana was recognized by nursing leaders in Indiana by the late 1920's. Several advanced programs had been developed in the adjacent states, but it was thought that more nurses would avail themselves of the opportunity for advanced preparation if it were made available in the immediate locality. Qualifications for nurses in specialized fields were being raised. Special qualifications for school nurses and public health nurses were under discussion. A definite need for qualified instructors and supervisors existed throughout the state.[28]

Some of the nurses interested in the development of such a program were members of the Indiana Health

[28] Allen, Dotaline, "Nursing Education at Indiana University," *Indiana State Board of Health, Monthly Bulletin* 46:105, May, 1946.

Council. At the Council meetings they met Dr. W. W. Patty, then director of the Physical Welfare Training Department of the School of Education, Indiana University, who was interested in the preparation of school nurses and instructors of health and hygiene. Dr. Patty discussed the possibilities of an advanced nursing education program with Dr. Henry Lester Smith, then dean of the School of Education. They presented the matter to Dr. William Lowe Bryan, president of the University, and permission was secured to establish the program. Dean Smith requested that a committee be appointed from the Indiana State Nurses' Association to give consideration to the proposed curriculum, and in the summer of 1931, Miss Gertrude Upjohn, president of the Association, appointed the committee known as the "Committee on Proposed Courses at Indiana University." In 1933 the name was changed to the "Committee on Post Graduate Study and Education." The committee was dissolved in 1941.[29]

The original program was directed toward the preparation of nurses for administrative, teaching, and supervisory positions in nursing schools and toward the preparation of nurses for public health nursing positions. The first official offerings of the nursing education curricula were in the summer of 1932. Four graduate nurses were

[29] *Ibid.*, p. 105.

enrolled, two in the field of administration, one in teaching in schools of nursing, and one in public health nursing. Since nursing courses were not offered on the campus, the students were permitted to take special courses in well-established University nursing programs and were given credit for the work done there. In the summer of 1933 special nursing courses were offered in the three curricula. The instructors, the first in the nursing education program at Indiana University, were Mrs. Abbie R. Weaver, R.N., M.A., in public health nursing, and Miss Clara Brooks, R.N., M.A., in teaching and hospital administration.[30]

In 1934-1935 the first nursing extension instructors were employed and nursing courses were made available to the nurses of Indiana. That year there were 633 enrolled in nursing education courses and, in addition to this number, there were 150 nurses enrolled in other extension courses. In the seven-year period from 1933-1940, 55 classes were taught in eight centers in the state, with a total enrollment of 1,349. In the five-year period from 1941-1945, 40 classes were taught in 13 centers in the state, with a total enrollment of 969 students.[31]

In the year 1934-1935, Miss Gladys Sellew and Miss Virginia Jones taught the extension classes in nursing

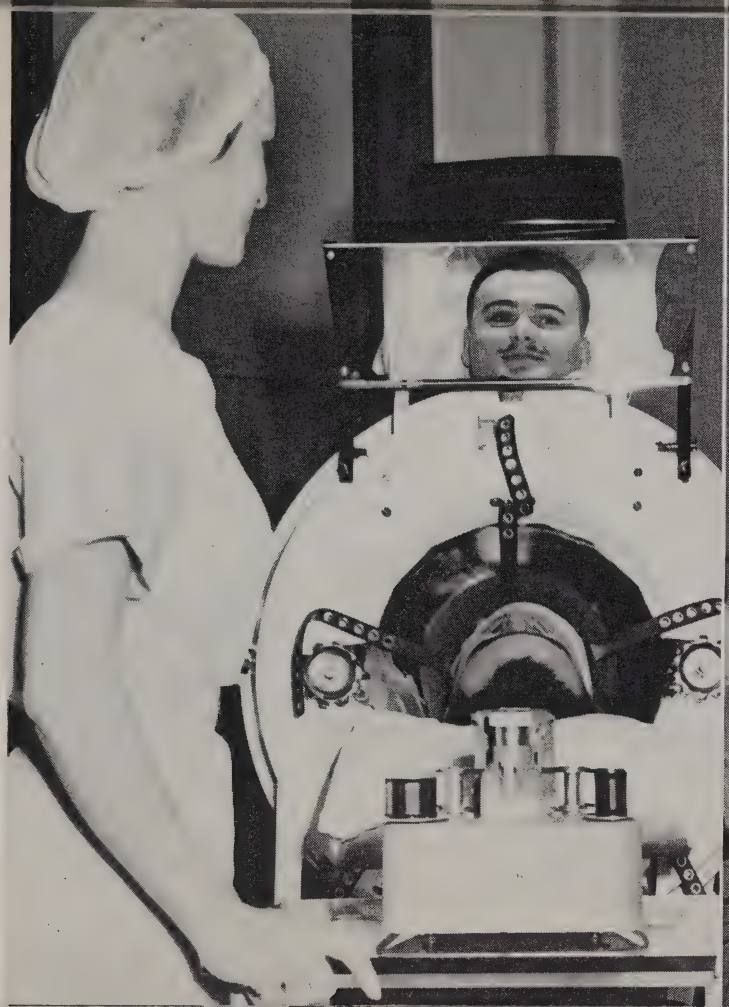
[30] *Ibid.*, p. 114.
[31] *Ibid.*, p. 114.

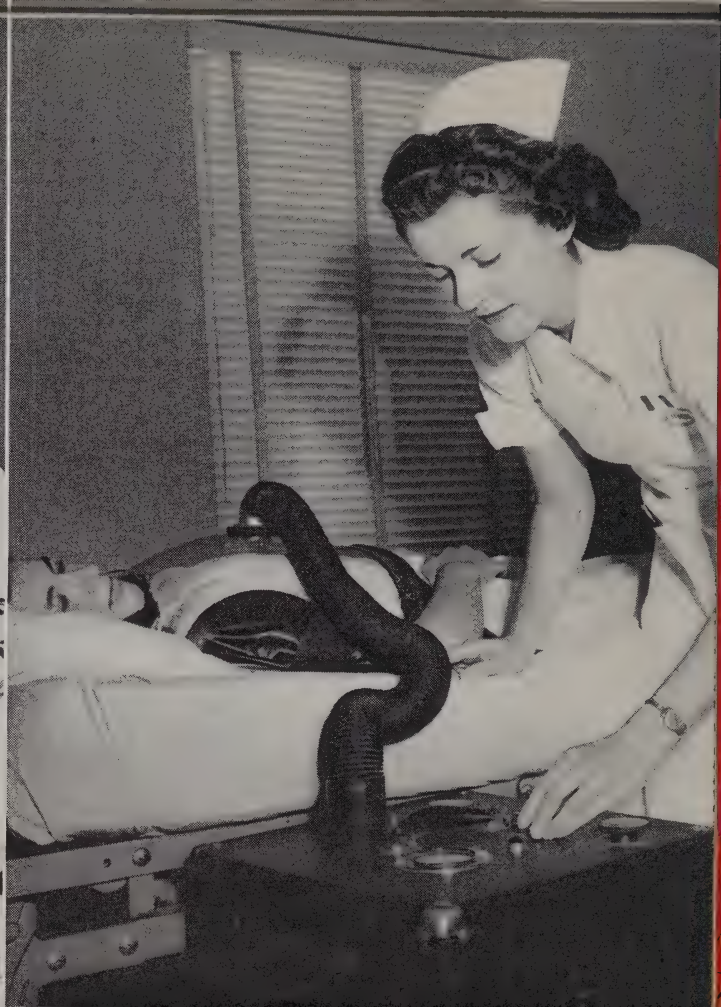
Modern Therapeutic Treatments

Patients in Respirators

Left
In St. Elizabeth's Hospital
Lafayette

Right
In Ball Memorial Hospital
Muncie





education. Miss Jones was appointed by Indiana University as full-time instructor and critic teacher in nursing education in 1935. The practice field was in Monroe County and Bloomington. In 1936 Miss Jones resigned and Mrs. Bessie F. Swan was appointed to fill the position as instructor and supervisor in public health nursing. Since there was no full-time instructor employed by the University in the field of hospital administration and teaching in schools of nursing, the services of part-time instructors were utilized. For extension courses, Miss Wilkie Hughes, Sister Amadeo, and Mrs. Opal Gilbert, all active in nursing education in the state, gave part-time services in the extension centers.[32]

Mrs. Bessie F. Swan resigned in 1942 and Miss Frances Orgain, who had served on the staff for one year, assumed responsibility for the nursing education program.[33]

In the beginning the program was in the Physical Welfare Training Department in the School of Education. Dr. W. W. Patty was Director of the Department and therefore responsible for the nursing education program. As the program expanded it seemed desirable to shorten the lines of administration, to give nursing education autonomy with other professional groups in

[32] *Ibid.*, p. 115.
[33] *Ibid.*, p. 115.

the School of Education, and to give responsibility for the direction of the program entirely to a nurse educator. This was accomplished in 1944, and Miss Frances Orgain was appointed Director of Nursing Education.[34]

Mrs. Eugenia K. Spalding became director of Nursing Education in the fall of 1946. At present (1948) there are six full-time and two part-time members of the nursing education faculty.

There have been 103 nurses graduated with Bachelors' degrees from the program since 1936. At present (1948) the Division offers three major areas on the Bachelor's level. Area I includes curricula for preparing hospital nursing service personnel, Area II includes curricula for preparing public health nursing personnel, and Area III includes curricula for preparing school of nursing personnel. In 1947 a program was opened leading to the degree of Master of Science in Education with a major in Nursing Education. In the fall semester 1947 there were 95 students enrolled in the Division of Nursing Education.

The Division of Nursing Education is accredited by the National Organization for Public Health Nursing and is a member of the Association of Collegiate Schools of Nursing.

St. Mary's College School of Nursing, South Bend.— St. Mary's College School of Nursing, South Bend, has

[34] *Ibid.*, p. 115.

a department of nursing open to graduate registered nurses from any accredited school of nursing. The program offered leads to a Bachelor of Science degree in nursing and nursing education.[35]

Many graduates of these programs in advanced nursing education are assuming positions of leadership in nursing education and nursing organizations in Indiana and elsewhere.

[35] Communication from Sister Amadeo, Director, to the author, January, 1948.

Chapter IV

NURSING ORGANIZATIONS IN INDIANA

INDIANA STATE NURSES' ASSOCIATION

With the earliest development of nursing service and nursing education in Indiana came the need for nurses to get together to discuss developments and needs and to plan for the future. As early as 1885 an organization for nurses, known as "The Nightingales," was formed in Indianapolis. In 1899 the Graduate Nurses' Association was organized, and later the Marion County Nurses' Association.[1] There may have been similar organizations in other sections of the state.

In 1903 the National Associated Alumnæ of the United States and Canada, now the American Nurses' Association, appealed to Mrs. Gertrude Fournier, Superintendent of Hope Hospital, Fort Wayne, to organize a State Nurses' Association. The purpose of the proposed organization was "to enlarge and protect nursing education, nursing interests, and nurse practice." On September 3, 1903, the Indiana State Nurses' Association was organized and in March, 1904, became incorporated, with 65 charter members. Mrs. Fournier

[1] Records of the Indiana State Nurses' Association.

was the first president, and the headquarters was in Indianapolis.[2]

In 1905 this organization had 120 members, in 1915 the number had increased to 360, in 1925 there were 1,120 members, in 1935 it had grown to 2,599, and in 1945 there were 4,438 members.

Sections have been developed as the needs and interests of nurses expanded. In 1917 the public health section was formed, and in 1920 the private duty section was organized. These were followed by the industrial nurses' section. The most recent addition is the institutional section, which was organized in 1947.[3]

In 1924 a headquarters office was established and Mrs. Alma H. Scott was appointed as executive secretary for the Indiana State Nurses' Association and educational director for the Indiana State Board of Examination and Registration of Nurses. Mrs. Scott served in this capacity until 1929 when Miss Eugenia Kennedy, now Mrs. Eugenia K. Spalding accepted the position. Mrs. Spalding served until 1931 when Miss Mary T. Walsh was appointed. Later that year Miss Helen Teal was appointed executive secretary of the State Nurses' Association and Miss Mary T. Walsh continued in the position of educational director of the Indiana State Board of Examination and Registration of Nurses.[4]

[2] *Ibid.*
[3] *Ibid.*
[4] *Ibid.*

Miss Teal resigned in 1947 and Miss E. Nancy Scramlin, who was president of the Association, became acting executive secretary.

When the State Association was first organized, county units were established to carry on the activities of the organization on the local levels. In 1918 the county units were discontinued and four district associations were formed.[5] Later this number was increased and at present there are 12 district associations in Indiana. These districts are organized, have committees, hold regular meetings, and further the activities of the State Association on the local level. Representatives of the districts compose the house of delegates at the annual meetings of the State Association. Some of the districts have special sections, which are units of the state sections.

The State Association sends representatives to the biennial meetings of the American Nurses' Association, and such representatives from all other states and territories compose the House of Delegates of the national organization.

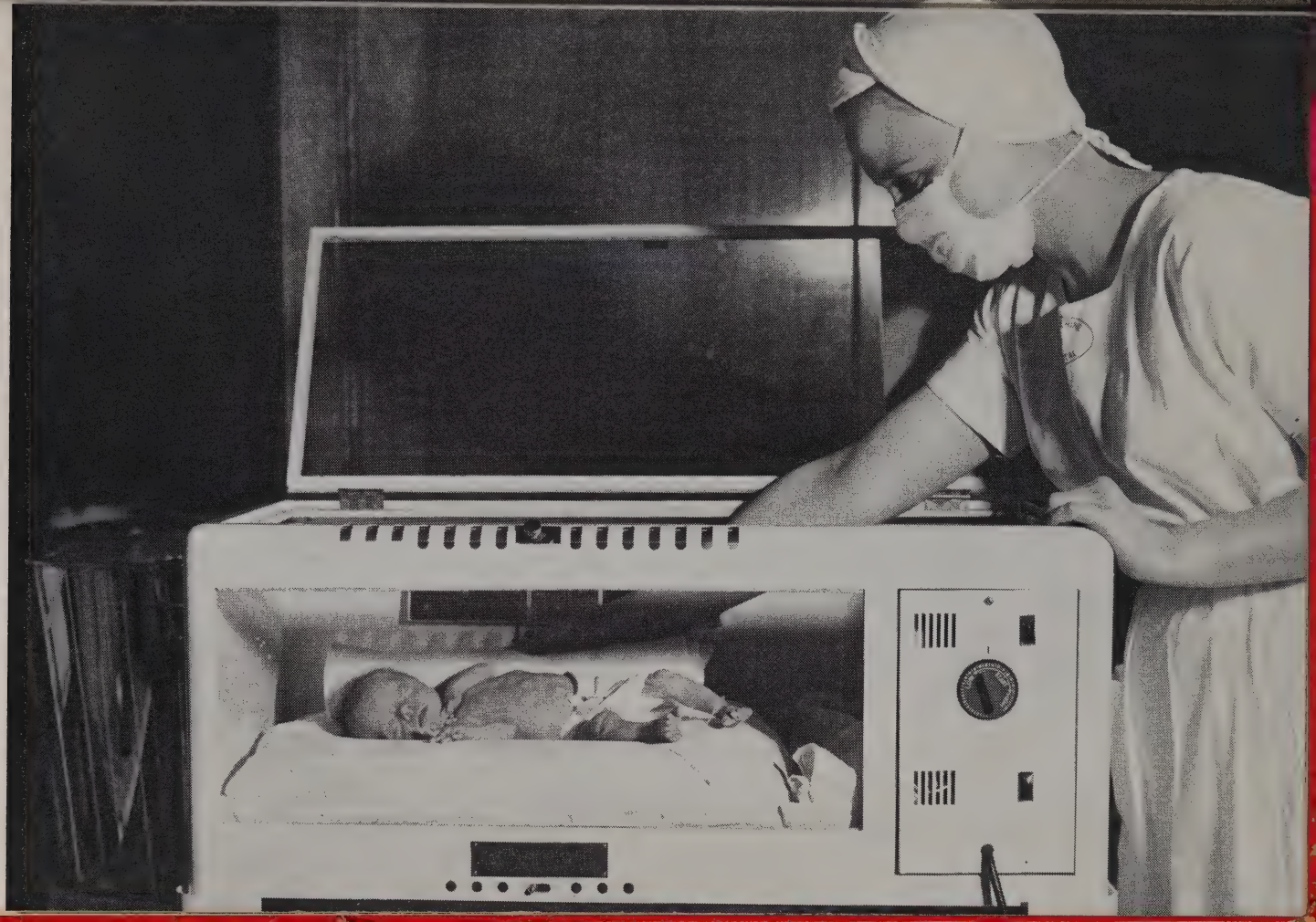
In 1946 the Indiana State Nurses' Association started the Counseling and Placement Service in cooperation with the program started by the American Nurses' Association. Miss Edwina MacDougall assumed her

[5] Meyers, Mary A., "Early History of Nursing in Indiana," *Indiana State Board of Health, Monthly Bulletin* 45:46, February, 1945.

MODERN THERAPEUTIC TREATMENTS

Nurse Giving Care to Infant in Incubator

ST. CATHERINE'S SCHOOL OF NURSING
EAST CHICAGO



duties as consultant in the Indiana Professional Counseling and Placement Service, on August 1, 1946. In general, the scope and objectives of the program are to develop professional, educational, and personal counseling and placement for registered nurses and auxiliary workers listed with professional registries, and also for those considering nursing as a professional objective. The counselor lists and compiles credentials of all nurses applying to the office for counseling and placement, collects records of employers' requests for positions to be filled, and works to establish good public relations and a nursing information program.

The service is growing in Indiana as nurses and the public learn of the counseling opportunities available and derive benefits from the service received.

Throughout the years the Indiana State Nurses' Association has served the nurses of Indiana and helped in solving the nursing problems of war and peace, expansion and depression. The nurses have given generously of their time and effort to serve as officers in the organization, to further its purpose, and to promote the welfare of the profession and its members.

INDIANA STATE LEAGUE OF NURSING EDUCATION

In 1893 the American Society of Superintendents of Training Schools for Nurses was founded. It was the first national nursing organization, and its main objec-

tive was to maintain a universal standard of training for nurses. In 1912 the name of the organization was changed to the National League of Nursing Education and, as the name implies, it is concerned with nursing education.

In 1909 the Indiana State Society of Superintendents of Training Schools was formed and the name was later changed to Indiana State League of Nursing Education in harmony with the national organization.

This organization has been active in problems relating to nursing education in Indiana and has worked closely with the Indiana State Nurses' Association and the Indiana State Board of Examination and Registration of Nurses.

The League sponsors institutes on current topics and problems related to nursing education. The Indianapolis Local League, organized in 1947, functions as a unit within the state organization.

THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES

The explanation of the organization of the first Board of Examination and Registration of Nurses and the early developments were included in the discussion of nursing education.

The members of the State Board of Examination and Registration of Nurses are appointed by the Gov-

ernor from a list of names of qualified nurses, submitted by the Indiana State Nurses' Association. The Board of five members functions as a division of the government of the State of Indiana. The original law provided for the appointment of two members for a term of one year each, two for a term of two years each, and one for a term of three years. All appointments, after the first Board, are for a term of three years. The officers of the Board are a president and a secretary.[6] Officers are elected by the Board at each annual meeting, which is held in May.

The powers and duties of the board are prescribed by the law. In general, the duties of the board are: inspection and accrediting of schools of nursing; routine inspection of these schools to insure that the minimum requirements, as defined by law and outlined in the *Board Rules and Regulations for Accredited Schools,* are maintained; evaluation and approval of credentials, age, and educational qualifications of applicants for accredited schools of nursing; issue of certificates to license professional nurses and trained attendants; creation of rules and regulations governing reciprocity with other states; and administration of the State Board examinations, which are given twice a year.

Until May, 1947, the State Board examinations

[6] *Laws of the State of Indiana Concerning the State Board of Examination and Registration of Nurses.*

were prepared and evaluated by members of the Board. In May, 1947, standardized tests were first used in Indiana. These tests, now used by two territories and more than 32 states, are prepared under the direction of the Department of Measurement of the National League of Nursing Education and are designed to test the students' ability to apply their knowledge of the subjects to nursing situations rather than to test factual materials. The answer sheets are returned to the National League of Nursing Education, where they are machine scored. This method affords an opportunity to compare the scores made by the nurses of Indiana with those made by nurses in other states, gives the schools of nursing in Indiana the opportunity of defining weaknesses in the program as evidenced by the scores made by their students on the tests, and provides a testing program with a higher degree of validity and reliability. After passing the examinations, the nurse registers with a county clerk and thereby becomes a Registered Nurse.

A full-time educational director is employed by the Board. Miss Mary T. Walsh served in this capacity from 1931 to 1946, when she retired. Miss Caroline Hauenstein, the present educational director, was appointed at that time.

Chapter V

SUMMARY AND CONCLUSIONS

This study shows some of the developments of nursing in Indiana as they occurred in the major nursing fields and in the nursing organizations from 1866 to 1948. The more outstanding events are presented which, according to the findings, exerted a marked influence on the development of nursing in Indiana. The changing status of nursing from the early period to the present is shown in the different nursing fields and in those nursing organizations which are considered. Several major influences, trends and needs are shown by this study.

The medical profession has exerted marked influence on the development of nursing in Indiana. Soon after the establishment of the first hospitals in Indiana, doctors recognized the need for nurse workers to give bedside care to patients. The investigations and recommendations which followed, resulted in the founding of the first nursing school in Indiana. As the medical profession advanced in the fields of medical science and surgery, new demands were placed upon the nurses which created the need for more instruction for nurses in clinical, physical and biologic, and social science areas in the basic professional program. This in turn

resulted in a need for advanced nursing education curricula to prepare different kinds of instructors to teach the courses in these areas. Specialization by the medical profession in clinical areas, and public health created a demand for nurse specialists in these areas. This trend contributed to a greater expansion of advanced nursing education curricula.

Religion has exerted marked influence on the development of nursing in Indiana. Much of the early nursing was done by Sisters and many hospitals and nursing schools are sponsored by religious denominations.

The ladies of the Flower Mission at Indianapolis have had considerable influence on the development of nursing in Indiana. In general, however, the people of Indiana have contributed but little toward recognizing and solving problems related to nursing, until approached by the nurses for help in dealing with such problems. There has probably been more activity among lay people who have worked with public health agencies, although there is evidence that a greater interest is now being shown by the public in schools of nursing and their problems.

Social and economic conditions have influenced nursing in Indiana. World Wars I and II increased the demand for nurses which resulted in greater enrollment in schools of nursing. In each instance the need

for instructors was greater and interest in advanced nursing education as well as basic professional education was aroused.

The depression of 1930 caused unemployment in nursing and brought about new patterns in patient care. The hours for the nurse in private practice were decreased from 20 to 12 or 8 hours a day in order to distribute the work among more nurses. Professional nurses were employed as general staff nurses in hospitals, at low salaries, thus decreasing the demand for student nurses who were used to give nursing service. This change, along with the decrease in number of hospital patients, resulted in the closing of many smaller schools of nursing, and in decreasing the number of students admitted to the remaining schools of nursing.

Although some progress has been made in defining nursing functions there is still a wide variation in the functions of nurses in comparable positions, and many functions are of non-professional nature. There appears to be a widespread need in the state for job analyses, definition of functions of the different types of professional nurses and of professional and non-professional workers who are concerned with nursing service and nursing care. Some serious consideration of where the non-professional worker might fit into the nursing service plan seems also to be in order. Such a plan would seem desirable in order to help meet the

Modern Therapeutic Treatments

Nurses with Inhalator Apparatus

St. John's Hickey Memorial Hospital
Anderson


INHALATOR

present demand for professional nursing service.

Marked changes have occurred in hospital nursing in Indiana since its beginning in 1866. From the first, the trend has been to use professional nurses to care for the sick. The tasks performed by the early nurses consisted largely of housekeeping activities which required little preliminary preparation. Gradually the responsibilities of the hospital nurse became greater and it was necessary to increase the quality and quantity of instruction. The professional activities of the hospital nurse today require a high degree of knowledge and skill. At first the place of the hospital nurse was questionable and insecure. Today, society expects and demands the services of the professional nurse in hospitals. Hospital nursing resulted from the founding and growth of hospitals designed to care for the sick. The demand for hospital nurses has increased as hospitals have grown in number and capacity.

Another change in hospital nursing is characterized by improved personnel practices, such as improved salaries and work hours. In the early hospitals nurses worked as many as 84 hours a week. Today the work hours per week range from 40 to 48 hours. Salaries of staff nurses during this period have ranged from $30.00 a month to the present salaries around $200.00 a month.

The trend to prepare nurse workers on the job has

been evident in Indiana from the earliest hospitals to the present. At first these nurse workers were given a few instructions as necessary to meet the limited demands of patient care. Today the trend is to give more organized instruction to the nurse worker. This instruction is given by a professional nurse and includes supervised practice on the clinical division.

Basic professional curricula show marked changes in the period covered by this study. There was no organized program of instruction in the early schools. Lectures were held from time to time but most of the teaching was done by the superintendent of nurses or the supervisor at the bedside of the patient. Marked variation occurred in the amount and content of instruction given the students. After a more uniform curriculum was established the amount and content of instruction were more consistent but the teaching shifted from the bedside to organized instruction in the classroom. At present there is a need to increase and improve the quality of instruction in the clinical nursing divisions and to correlate such instruction with all other courses in the curriculum.

The greatest increase in number of nursing schools occurred in the first two decades of the twentieth century. As the amount and quality of instruction in the basic curriculum improved smaller schools found it difficult to provide adequate instruction and clinical

facilities necessary to meet the standards. As a result some smaller schools were closed.

The nursing schools of Indiana show wide variations in the basic professional curricula. The length of the curricula varies from three years in a hospital school, to five and a half years in a program leading to an academic degree. The number of hours of instruction, the quality of instruction, and opportunities for clinical experience vary greatly in the different schools. It would be helpful if a study could be made to determine academic and professional content and experience essential in a basic nursing curriculum. This should contribute toward a program more uniform in length, content and experience. More investigation seems desirable on the part of institutions of higher learning cooperating with nursing schools, regarding the quality of instruction and clinical experience given under the direction of the nursing school. More study needs to be given to this problem if collegiate schools of nursing are to be developed.

One of the major problems in schools of nursing today is created by the fact that student nurses are regarded as a means of supplying nursing service while they receive their professional preparation. The primary objective of the schools of nursing should be the education of the professional nurse, and the nurses' real

contribution to nursing service should come after the period of preparation.

Instructors in schools of nursing today are more specialized and teach fewer subjects than in the early schools. The hours of teaching per instructor are less, but the amount of professional and academic preparation required for teaching is greater.

The Indiana State Nurses' Association was responsible for the establishment of the Indiana State Board of Examination and Registration of Nurses, and the advanced nursing education program at Indiana University. It was also instrumental in improving personnel practices in hospitals and in developing official registries for the nurse in private practice. The State Board of Examination and Registration of Nurses has exerted marked influence on content and standards in basic professional curricula.

As indicated in the introduction of this report, this is not an exhaustive study. It is believed that several angles might be studied very much more intensively. It is therefore suggested that:

More studies should be made on the local levels to secure information about early nursing schools, nursing in early hospitals and the beginning of private nursing, public health nursing, and industrial nursing.

Information should be secured regarding nursing in the wars. The names of those who served and contribu-

tions which they made, should be compiled and preserved.

Studies need to be made on the development of nursing organizations in Indiana on local and state levels.

Attention should be given to compilation of current information essential to history in the future.

Finally, a greater awareness of the importance of accuracy and completeness in regard to records, dates, titles and names is highly desirable if present information is to be of value for histories in the future.

Although it is recognized that there are influences such as new patterns in general education, and scientific developments which are important in their relationship to nursing, it was not possible to cover those phases in this limited study. It is believed that studies showing the relationship of general education and scientific developments to nursing and nursing education would be desirable.

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Public Health Nurse

1948



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KLINGER, MARJORIE PAULINE, *Medical Superstitions of Indiana,* Unpublished Master's thesis, Department of History, Indiana University, in library of University, Bloomington, Indiana, 1928, 135 pp.

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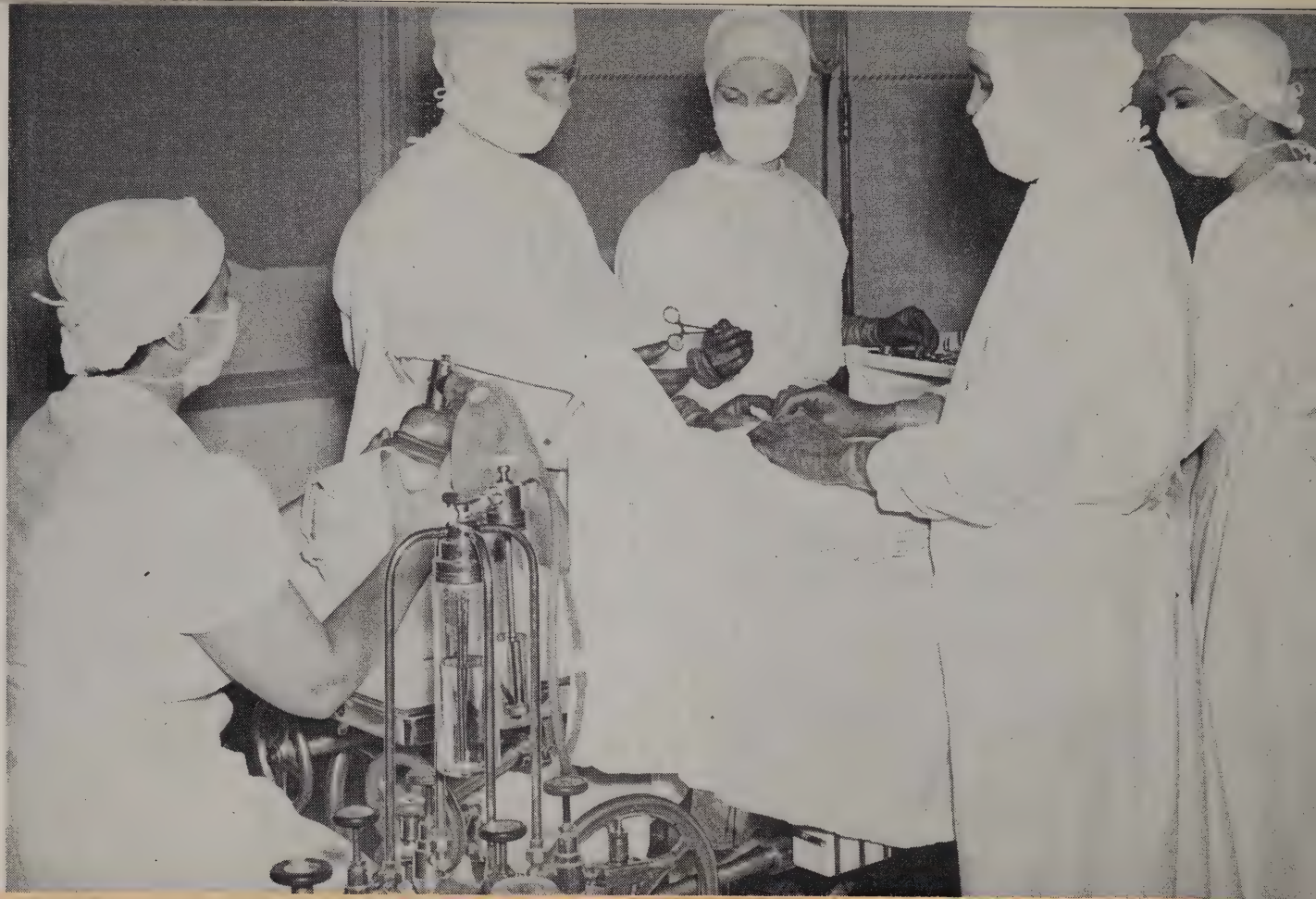
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